

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118562

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: COBIA GROUP, INC.

**Current Principal Place of Business:**

500 N. OLEANDER AVENUE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

500 N. OLEANDER AVENUE  
DAYTONA BEACH, FL 32118

**New Mailing Address:**

FEI Number: 82-0570855      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BALLARD, GARY L  
500 N. OLEANDER AVENUE  
DAYTONA BEACH, FL 32118      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BALLARD, GARY L  
Address: 500 N. OLEANDER AVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: V ( ) Delete  
Name: GEORGE, NICHOLAS A  
Address: 500 N. OLEANDER AVE  
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S ( ) Delete  
Name: CONDORADIS, JOHN P  
Address: 4 WEST TOWER CIRCLE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T ( ) Delete  
Name: CIRONE, ANTHONY  
Address: 793 RIVERSIDE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY CIRONE

T

04/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date